



HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, Pacific Tower 970
P.O. Box 616, Honolulu, Hawaii 96809
Telephone: 587-0460 FAX: 587-0470
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GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: Vincent H.S. Lee	STATE POSITION: Oahu Regional CEO
STATE AGENCY: Leahi Hospital	STATE TEL. NO.: 733-7922
STATE MAILING ADDRESS: 3675 Kilauea Avenue, Honolulu, HI 96816	

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	No gifts		received from June 1, 2004 to June 1, 2005.						

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	RECEIVED			
	'05 JUN -8 A10 :04			
	STATE OF HAWAII STATE ETHICS COMMISSION			

____ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

V. Wenthe
SIGNATURE

June 2, 2005
DATE